

<i>SERFF Tracking Number:</i>	<i>ZURC-125617364</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Zurich Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW-CF-27222</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>CW-CF-27222 - Commercial Property E to Z Petroleum Jobbers Property Enhancement Endorsement Filing</i>		
<i>Project Name/Number:</i>	<i>CW-CF-27222/CW-CF-27222</i>		

Filing at a Glance

Companies: American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: CW-CF-27222 - Commercial SERFF Tr Num: ZURC-125617364 State: Arkansas

Property E to Z Petroleum Jobbers Property
Enhancement Endorsement Filing

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 01.0001 Commercial Property (Fire
and Allied Lines)

Co Tr Num: CW-CF-27222

State Status: Fees verified and
received

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Deborah Freeman

Disposition Date: 04/28/2008

Date Submitted: 04/23/2008

Disposition Status: Approved

Effective Date Requested (New): 08/01/2008

Effective Date (New): 08/01/2008

Effective Date Requested (Renewal): 08/01/2008

Effective Date (Renewal):
08/01/2008

State Filing Description:

General Information

Project Name: CW-CF-27222

Status of Filing in Domicile: Pending

Project Number: CW-CF-27222

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/28/2008

State Status Changed: 04/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Filing of Commercial Property Petroleum Jobbers Property Enhancement Endorsement U-CP-723-A (Ed. 04/08)

<i>SERFF Tracking Number:</i>	<i>ZURC-125617364</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Zurich Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW-CF-27222</i>		
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<i>Project Name/Number:</i>	<i>CW-CF-27222/CW-CF-27222</i>		

Company and Contact

Filing Contact Information

Deborah Freeman, Product Analyst	deborah.freeman@zurichna.com
1400 American Lane	(847) 605-4238 [Phone]
Schaumburg, IL 60196-1056	(847) 605-7768[FAX]

Filing Company Information

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	

American Guarantee and Liability Insurance Company	CoCode: 26247	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-6071400	

Zurich American Insurance Company of Illinois	CoCode: 27855	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-2781080	

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60102	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

<i>SERFF Tracking Number:</i>	<i>ZURC-125617364</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Zurich Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW-CF-27222</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>CW-CF-27222 - Commercial Property E to Z Petroleum Jobbers Property Enhancement Endorsement Filing</i>		
<i>Project Name/Number:</i>	<i>CW-CF-27222/CW-CF-27222</i>		
Fee Explanation:	State Filing Fees Apply.		
Per Company:	No		

SERFF Tracking Number: *ZURC-125617364* *State:* *Arkansas*
First Filing Company: *American Zurich Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CW-CF-27222*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*
Product Name: *CW-CF-27222 - Commercial Property E to Z Petroleum Jobbers Property Enhancement Endorsement Filing*
Project Name/Number: *CW-CF-27222/CW-CF-27222*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Zurich Insurance Company	\$50.00	04/23/2008	19856145
American Guarantee and Liability Insurance Company	\$0.00	04/23/2008	
Zurich American Insurance Company of Illinois	\$0.00	04/23/2008	
Zurich American Insurance Company	\$0.00	04/23/2008	

SERFF Tracking Number:	ZURC-125617364	State:	Arkansas
First Filing Company:	American Zurich Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	CW-CF-27222		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	CW-CF-27222 - Commercial Property E to Z Petroleum Jobbers Property Enhancement Endorsement Filing		
Project Name/Number:	CW-CF-27222/CW-CF-27222		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/28/2008	04/28/2008

<i>SERFF Tracking Number:</i>	<i>ZURC-125617364</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Zurich Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Product Name:</i>	<i>CW-CF-27222 - Commercial Property E to Z Petroleum Jobbers Property Enhancement Endorsement Filing</i>		
<i>Project Name/Number:</i>	<i>CW-CF-27222/CW-CF-27222</i>		

Disposition

Disposition Date: 04/28/2008
Effective Date (New): 08/01/2008
Effective Date (Renewal): 08/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: ZURC-125617364 State: Arkansas

First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: CW-CF-27222

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: CW-CF-27222 - Commercial Property E to Z Petroleum Jobbers Property Enhancement Endorsement Filing

Project Name/Number: CW-CF-27222/CW-CF-27222

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Petroleum Jobbers Property Enhancement Endorsement	Approved	Yes

SERFF Tracking Number: ZURC-125617364 State: Arkansas

First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: CW-CF-27222

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: CW-CF-27222 - Commercial Property E to Z Petroleum Jobbers Property Enhancement Endorsement Filing

Project Name/Number: CW-CF-27222/CW-CF-27222

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Petroleum Jobbers Property A CW Enhancement Endorsement	U-CP-723-04	08	Endorsement/New Amendment/Conditions		0.00	U-CP-723-A CW 0408 Petroleum Jobbers Property Enhancementpdf

Petroleum Jobbers Property Enhancement Endorsement



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

**BUILDING AND PERSONAL PROPERTY COVERAGE FORM
BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM**

- A.** The following Additional Coverages are added to paragraph **A.4.** of the Coverage Form. The **Coinurance** Additional Condition does not apply to the Additional Coverages.

Consigned Property

Covered Property is extended to include your owned, consigned "stock" at locations where this property is on a consignment basis.

The most we will pay for loss or damage under this Additional Coverage is \$25,000 per location.

Credit Card Invoices

Coverage that applies to your Business Personal Property is extended to apply to your interest in credit card invoices from the time they leave the described premises until your interest in such invoices ceases.

The most we will pay for loss under this Additional Coverage is \$25,000 per occurrence.

Erroneous Delivery Of Liquid Products

We will pay for the loss of your liquid products, or liquid products of others in your care, custody or control, which become unusable or destroyed due to the erroneous introduction of a liquid product into another.

The most we will pay for loss under this Additional Coverage is \$150,000 per occurrence.

Lessee Change Over

Covered Property is extended to include locations where ownership or responsibility for maintaining insurance reverts back to you. Coverage will end when any of the following first occurs:

- (1) 30 days expire from the date the lessee last conducted business operations at the leased premises;
- (2) You report values to us; or
- (3) The policy expires.

The most we will pay for loss under this Additional Coverage is \$100,000 per occurrence.

Lost Key Consequential Loss

We will pay for consequential loss to repair or replace locks and keys if a master or grand master key is lost or damaged due to a Covered Cause of Loss. We will pay for:

- (1) The actual cost of the keys; and
- (2) Adjustment of locks to accept new keys; or
- (3) If required, new locks including the cost of their installation.

The most we will pay for loss under this Additional Coverage is \$5,000 per occurrence.

Terminal Access Card

We will pay for loss of your business personal property or business personal property of others in your care, custody or control caused by the use of a terminal access card that has been lost, stolen or obtained by kidnapping.

A terminal access card is defined as an imprinted card, key or other unlocking device which allows access to a premises or terminal or activates a locked device such as a fuel pump.

The most we will pay in any one loss is \$75,000 for each described premises.

Leased, Loaned Or Rented Tanks And Related Equipment

Covered Property is extended to include pumps, tanks, regulators, pipes, fittings and related attachments while such property is leased, loaned or rented to others by you. This Additional Coverage does not apply to property in or on a vehicle more than 500 feet from the described "premises".

If there is other insurance under this or any other policy covering the same loss or damage, we will pay only for the amount of covered loss or damage in excess of the amount due from that other insurance, whether you can collect from it or not.

The most we will pay under this Additional Coverage is \$10,000 per occurrence.

Gas Or Oil Contamination

We will pay for contamination of your liquid petroleum products at your described "premises" caused by surface water run off. Causes of Loss Exclusion **1.g.(1)** does not apply with respect of surface water run off.

The most we will pay under this Additional Coverage is \$75,000 per occurrence.

Pollutant Cleanup At Non-Owned Premises

We will pay your expense to extract "pollutants" from land or water at premises not owned, leased or rented to you if the discharge, dispersal, seepage, migration, or release of the pollutants is caused by or results from a covered cause of loss to an above ground tank owned by you and leased or loaned to someone else for storage of a liquid product at a premises you do not own, lease or rent.

The expenses will be paid provided that:

- a.** The discharge, dispersal, seepage, migration, or release of the pollutants is demonstrable as beginning and ending within 72 hours of the covered cause of loss; and
- b.** The discharge, dispersal, seepage, migration, or release of the pollutants is reported to us within 120 hours from the time of covered cause of loss.

This additional coverage does not apply to costs to test for, monitor, or assess the existence, concentration, or effects of pollutants except such testing necessary in the course of extracting the pollutants from land or water.

The most we will pay for each premises under this Additional Coverage is \$100,000 for the sum of all such expenses from covered cause of loss during each separate 12 month period of this policy. A deductible in the amount of \$5,000 applies to all covered expenses in any one covered cause of loss.

Property Of Others You Transport

- a.** Coverage is extended to apply to property of others transported by you (other than property in the care, custody or control of your sales persons) while in transit more than 1,000 feet from the described "premises". Property must be in or on a motor vehicle you own, lease, hire or operate while between points in the coverage territory.
- b.** Loss or damage must be caused by or result from one of the following Causes of Loss:
 - (1)** Fire, lightening, explosion, windstorm or hail, riot or civil vandalism;
 - (2)** Vehicle collision, upset or overturn; or
 - (3)** Theft of property in transit by forced entry into a securely locked body or compartment of the vehicle. There must be visible marks of the forced entry.

For the purposes of this Additional Coverage, collision means accidental contact of your vehicle with another vehicle or object. It does not mean your vehicle's contact with the road bed.

- c. The most we will pay under this Additional Coverage is \$50,000 per occurrence.

Spoilage Due To Mechanical Breakdown

Coverage is extended to apply to perishable stock at the described "premises" owned by you or others that is in your care, custody or control for the following Causes of Loss:

- a. Refrigerant leakage; or
- b. Refrigeration interruption or spoilage, provided such interruption or spoilage is caused by mechanical breakdown occurring within the refrigeration system and resulting in a change of temperature or humidity.

The most we will pay for any one loss under this Additional Coverage is \$10,000 per location.

- B. The following Additional Coverages, wherever they appear in the policy, are amended as follows:

1. Damage To Building From Theft

In addition to the limit shown in the Declarations or any Schedule attached to this policy for the **Damage To Building From Theft** Additional Coverage, we will pay \$20,000 per occurrence. In no event shall the maximum limit for this Additional Coverage exceed \$25,000 per occurrence.

2. Fire Department Service Charge

In addition to the limit shown in the Declarations or any Schedule attached to this policy for the **Fire Department Service Charge** Additional Coverage, we will pay \$15,000 per occurrence. In no event shall the maximum limit for this Additional Coverage exceed \$25,000 per occurrence.

3. Property In Transit

In addition to the limit shown in the Declarations or any Schedule attached to the policy for the **Property In Transit** Additional Coverage, we will pay \$25,000 per occurrence. In no event shall the maximum limit for this Additional Coverage exceed \$50,000 per occurrence.

- C. The phrase "fire department", wherever it appears in the policy, shall include a hazardous material response team or similar government unit.

All other terms, conditions, provisions and exclusions of this policy remain the same.

<i>SERFF Tracking Number:</i>	<i>ZURC-125617364</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Zurich Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW-CF-27222</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>CW-CF-27222 - Commercial Property E to Z Petroleum Jobbers Property Enhancement Endorsement Filing</i>		
<i>Project Name/Number:</i>	<i>CW-CF-27222/CW-CF-27222</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125617364 State: Arkansas
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CW-CF-27222
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: CW-CF-27222 - Commercial Property E to Z Petroleum Jobbers Property Enhancement Endorsement Filing
Project Name/Number: CW-CF-27222/CW-CF-27222

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/28/2008

Comments:

Attachment:

NAIC PC TD-1 - 4 companies.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 04/28/2008

Comments:

Attachment:

Cover Letter-4 Companies-SERFF.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 04/28/2008

Comments:

Attachment:

Filing Memorandum.pdf


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Zurich North America				Group NAIC #	212
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
American Guarantee and Liability Insurance Company	NY	26247	36-6071400			
American Zurich Insurance Company	IL	40142	36-3141762			
Zurich American Insurance Company	NY	16535	36-4233459			
Zurich American Insurance Company of Illinois	IL	27855	36-2781080			

5. Company Tracking Number	CW-CF-27222
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Deborah A. Freeman 1400 American Lane Schaumburg, IL 60196	Product Analyst	(847) 605-4238	(847) 605-7768	deborah.freeman@zurichna.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Deborah A. Freeman		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	1.0000
10. Sub-Type of Insurance (Sub-TOI)	1.0001
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Petroleum Jobbers Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 08/01/2008 Renewal: 08/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	04/23/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CW-CF-27222
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are submitting for your review and approval the following new form for our Petroleum Jobbers Program:

- U-CP-723-A (Ed. 04/08) – Petroleum Jobbers Property Enhancement Endorsement

This new endorsement provides coverages that are unique to this type of risk. There is no corresponding rate page.

We are requesting an effective date of August 1, 2008.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: EFT Transmission
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		CW-CF-27222		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Petroleum Jobbers Property Enhancement Endorsement	U-CP-723-A (Ed. 04/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	



April 23, 2008

VIA SERFF FILING

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
Property and Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904

**Reference: Commercial Property Enhancement Endorsement
Petroleum Jobbers Program
American Guarantee and Liability Insurance Company NAIC #212-26247
American Zurich Insurance Company NAIC #212-40142
Zurich American Insurance Company NAIC #212-16535
Zurich American Insurance Company of Illinois NAIC #212-27855
Company Filing Number: CW-CF-27222**

Zurich North America

1400 American Lane
Schaumburg, Illinois
60196-1056

Telephone: (847) 605-4238

Facsimile: (847) 605-7768

Internet :

www.deborah.freeman@zurichna.com

Dear Honorable Bowman:

In accordance with the filing requirements of your state, we hereby submit for your review and approval the following form on behalf of the above referenced companies:

- U-CP-723-A CW (04/08) - Petroleum Jobbers Property Enhancement Endorsement

For your reference, the Filing Memorandum which has been included with this submission provides further clarification of the filing.

We request that this filing becomes effective on August 1, 2008.

This filing is being submitted electronically through SERFF. If you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

Deborah A. Freeman
Product Analyst
Regulatory Services
(847) 605-4238
(847) 605-7768 (FAX)
www.deborah.freeman@zurichna.com

FILING MEMORANDUM

We are submitting for your review and approval the following new form for our Petroleum Jobbers Program:

- U-CP-723-A (Ed. 04/08) – Petroleum Jobbers Property Enhancement Endorsement

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